

**INMATE SICK CALL SIGN-UP SHEET**

(Formulario y Registro para Atencion Medica de Confinados)

Mlpz

To obtain a sick call appointment, personally hand to the Health Services Unit between 6:15 a.m. - 6:45 a.m. Monday - Friday.

(Para obtener una cita de consulta médica, debe de entregar este formulario a la Unidad de Servicios de Salud entre las 6:15 am - 6:45 am Lunes - Viernes)

Name (Nombre) Mancini, Mario Register Number (Numero de Registro) 11007-041

Please Circle (Encierre en un circulo): Medical (Medico) or Dental

Fill out this form completely, numbers 1-8. (Debe de llenar este formulario completamente, numeros 1-8.)

1. Work (Trabajo) Unicor 2. Unit (Unidad) K-1 3. Date (Fecha) 8/29/17

4. Complaint (Queja), What is your problem? (Cual es su problema?)

I would like to be taken off of work restriction.  
I have little pain.**PAIN ASSESSMENT SCALE (Escala de valoracion del dolor)**

PAIN LEVEL: (Nivel de dolor):	WHAT THE NUMBERS MEAN
	☺ 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 ☹
1	You feel no pain (No dolor)
2	You feel very mild pain and are only aware of it when you focus on it
3-4	The pain is tolerable and can be ignored. You are able to continue normal activities. (Doloroso)
5-6	The pain is distressful, causing difficulty carrying out some normal activities.
7-8	The pain is severe, hindering concentration and ability to carry out all but simple activities.
9-10	The pain is disabling, not allowing you to focus on anything but the discomfort. (Dolor intenso)

5. How long have you had this problem? (Durante cuanto tiempo ha tenido este problema?) Days (Dias) 50 Months (Meses) — Years (Anos) —6. Are you on any medication(s) at present? (Esta usted tomando alguna(s) medicinas actualmente?) Ibuprofen, Amitriptyline7. Signature (Firma) Mancini Mario**TO BE FILLED OUT BY TRIAGE PERSONNEL/PARA SER LLENADO POR EL PERSONAL DE TRIAJE:**

Notes: \_\_\_\_\_

If diabetic B.S. \_\_\_\_\_ Temp \_\_\_\_\_

J. Southwick, PA-C  
Health Services Department  
FCI Sandstone  
BPR  
8/31/17GOVERNMENT  
EXHIBIT

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20-CV-2532 (ECT/DTS)

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